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The work done in this decontamination center would be under the direct supervision of the medical officer and health physicist from the refuge headquarters. Attached to the decontamination center on a permanent basis should be a minimum of six technicians who are trained in the management of contaminated material. These technicians would not require the specialized training of those attached to the refuge headquarters but should be sufficiently trained to supervise the parsonnel working in the sewage disposal plant, the laundry and the crematory, and to be able to recognize any breaks in technique at these points. These breaks in technique on the part of personnel working in these areas, as well as problems of disposal, etc., should be reported to the health physicist at the earliest possible moment.

It is estimated that a total of 100 persons working in the laundry, decontamination room, crematory, and sewage disposal plant would be adequate. The problem of workers reaching their daily tolerance dose while working with exposure to radioactive isotopes can best be solved by working in shifts. The length of their shifts will best be determined by the health physicist and medical officer, when the daily dosage of exposure has been computed with certain radioactive isotopes; a worker can be exposed for only a few minutes a day and in other instances he can work for a few hours with certain other isotopes.

The medical and radiation equipment in this decontamination center will serve to support itself as well as supporting the five peripheral collecting points in case of an unpredicted loss of personnel and equipment at any of these points.

It would be appreciated by this office if consultation could be obtained from any other office in the Agency for the construction of

(1) a decontamination shower room for personnel and equipment.

(2) a sewage disposal plant for contaminated waste.
(3) the construction of a laundry for decontamination of elothing

(4) the construction of a cramatory for disposal of items which are considered expendable.

The actual bed space for casualties, as previously described, will be used for the treatment of personnel who demonstrate evidence of burns, shock, radiation sickness, etc. This space would be used for this treatment in the event that civilian facilities are overcrowded or such cases are missed in the survey.